

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

10700131

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|                                  |                          |              |
|----------------------------------|--------------------------|--------------|
| TOTAL CLAIMS                     | 14                       |              |
| FOR                              | NUMBER FILED             | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS          | 14 minus 20=             | * C          |
| INDEPENDENT CLAIMS               | 7 minus 3 =              | * C          |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input type="checkbox"/> |              |

SMALL ENTITY  
TYPE

| RATE      | FEES   |
|-----------|--------|
| BASIC FEE | 385.00 |
| X\$ 9=    |        |
| X43=      |        |
| +145=     |        |
| TOTAL     |        |

| OTHER THAN<br>OR SMALL ENTITY | RATE   | FEES |
|-------------------------------|--------|------|
| BASIC FEE                     | 770.00 |      |
| X\$18=                        |        |      |
| X86=                          |        |      |
| +290=                         |        |      |
| TOTAL                         |        | 770  |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |   |
|--|---|-------|---|--------------------------|---|
|  | Total                                     | *     | Minus                                       | **                       | = |
| Independent                                    | *   | Minus | ***   | =                        |   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   | <input type="checkbox"/> |   |

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

| RATE             | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|
| X\$ 9=           |                        |
| X43=             |                        |
| +145=            |                        |
| TOTAL ADDIT. FEE |                        |

| RATE             | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|
| X\$18=           |                        |
| X86=             |                        |
| +290=            |                        |
| TOTAL ADDIT. FEE |                        |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |   |
|--|---|-------|---|--------------------------|---|
|  | Total                                     | *     | Minus                                       | **                       | = |
| Independent                                    | *   | Minus | ***   | =                        |   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   | <input type="checkbox"/> |   |

| RATE             | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|
| X\$ 9=           |                        |
| X43=             |                        |
| +145=            |                        |
| TOTAL ADDIT. FEE |                        |

| RATE             | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|
| X\$18=           |                        |
| X86=             |                        |
| +290=            |                        |
| TOTAL ADDIT. FEE |                        |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |   |
|--|---|-------|---|--------------------------|---|
|  | Total                                     | *     | Minus                                       | **                       | = |
| Independent                                    | *   | Minus | ***   | =                        |   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   | <input type="checkbox"/> |   |

| RATE             | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|
| X\$ 9=           |                        |
| X43=             |                        |
| +145=            |                        |
| TOTAL ADDIT. FEE |                        |

| RATE             | ADDI-<br>TIONAL<br>FEE |
|------------------|------------------------|
| X\$18=           |                        |
| X86=             |                        |
| +290=            |                        |
| TOTAL ADDIT. FEE |                        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20."

\*\*\* Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."

\*\*\*\* Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.